U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
E (AUG152005)			
C _{MS} DRO			
1. File Number U - 7903	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Claudia M McGonigal	Name Communications Workers of America, Local 9587		
	Labor Organization File Number 065-627		
P.O. Box, Bidg., Room No., if any Ste. 104	P.O. Box, Building and Room Number, if any Ste. 104		
Street 601 S. Brand Blvd.	Street 601 S. Brand Blvd.		
City San Fernando	City San Fernando		
State California ZIP Code + 4 91340-4040	State California ZIP Code + 4 91340-4040		
5. Position in labor organization.			
President			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
	7.b. Amount.		
Street			
City			
State ZIP Code + 4			
State ZIP Code + 4 Sign	nature		
State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information /ing documents), has been examined by the signatory and is, to the best of the		
State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	Perjury and other applicable penalties of the law, that all of the information /ing documents), has been examined by the signatory and is, to the best of the		
State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information /ing documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing Claudia McGonigal	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.	
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Lawrence Drasin & Associates Trade Name, if any: P.O. Box, Bidg., Room No., if any Ste. 500 Street 1849 Sawtelle Blvd. City Los Angeles State California ZIP Code + 4 90025	14.a. Nature of payment. Christmas gift-music box	
₹3.b. Is the Business an Employer or Consultant ∑ ?	14.b. Amount of payment.	\$50